

group feels totally deprived they do not strive, however, when they recognize an achievement opportunity, the feeling of relative deprivation becomes pre-eminent and motivates them frequently to violence to achieve a desired end.

Lief describes three types of violence in his paper. They are: (1) The type driven by rage (i.e. cannibalism); (2) a detached type wherein the process not the object is significant (i.e. gang violence) and (3) a detached type in which the destruction of the object is all important (i.e. nuclear warfare). He states that violence is universal, but warfare need not be a final outcome.

In general the authors conclude that violence and aggressivity are here to stay, but the question is how to modify and redirect this urge. A few solutions are entertained such as early education, a strong third force (i.e. armed U.N.), increased emphasis on international competitive sports, etc., but they all seem woefully inadequate. What is significant in this book is the brave attempt to understand complex behavior such as violence from many disciplinary points of view. We should continue to support efforts typified by this book and not allow the inadequacy of our solutions to deter us from further investigation and perhaps better solutions in the future.

J. ALFRED CANNON, M.D.

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TOWARDS EARLIER DIAGNOSIS—A Family Doctor's Approach—Keith Hodgkin, B.M., B.Ch.(Oxon), M.R.C.P.(Lond.), General practitioner, Redcar, Yorkshire; Member of M.R.C. committee for research in general practice. Foreword by Sir Robert Platt, Bart., M.Sc. (Manch.), M.D., F.R.C.P., Professor of Medicine, University of Manchester. The Williams and Wilkins Co., Baltimore 2, Md., exclusive U.S. agents, 1963. 459 pages, \$6.50.

Dr. Keith Hodgkin has a panel practice of 2,500 in a small town in Yorkshire. His book narrates every incident of illness for 10 years during his National Health Practice—from "Abscess, Bartholin" to "Wisdom teeth, impaction."

Common problems in recognition of diseases in early stages are emphasized by pithy sentences covering alternate diagnoses, salient features and possible complications.

In descending order of frequency, incident rates of suspected diagnoses per 1,000 N.H.S. patients per year ranged from influenza (182 cases) to congenital polycystic kidney (1 in 10 years).

A very brief appendix of the author's treatment recommends referral of all but the most elementary medical problems. Advocates of socialized medicine may find this section of the book a bit frightening.

Hospital house officers (and possibly the isolated practitioner) should find this book moderately helpful. The meticulous recording of detail would delight the hospital record room librarian. The modest cost (\$6.50) will encourage purchase by the casual reader.

JAMES E. REEVES, M.D.

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SURGICAL CLINICOPATHOLOGICAL CONFERENCES OF THE MASSACHUSETTS GENERAL HOSPITAL—Benjamin Castleman, M.D., Chief, James Homer Wright Pathology Laboratories, Massachusetts General Hospital; Professor of Pathology, Harvard Medical School; and John F. Burke, M.D., Assistant in Surgery, Massachusetts General Hospital; Instructor in Surgery, Harvard Medical School. Little Brown and Company, Boston, 1964. 249 pages, \$12.50.

The Clinical Pathological Conference, today an almost universally used method of teaching in American medicine, originated in the mind of the late great Dr. Walter B. Cannon when he was a student at Harvard Medical School. In March 1900, he presented a paper entitled "The Case

System in Medicine." His idea was adopted by a number of his colleagues, particularly, Dr. Richard C. Cabot, who, more than anyone else, was responsible for its propagation and popularity. (The reviewer remembers with great pleasure participating in this kind of exercise as a student with Dr. Cabot.)

The Clinical Pathological Conference has changed in format but, to quote Paul D. White's introduction, "it remains an exercise in reasoning and clinicopathological correlation. Unfortunately, in some hospitals cases impossible to diagnose are selected, and for that reason the CPC has been adversely termed "a guessing game," but that is not true if the case is selected wisely. The properly chosen case lends itself to a discussion of the differential diagnosis, with clinical clues suggesting the correct diagnosis...on the rare occasions when the correct answer is esoteric or almost unattainable, if the discussor emphasizes the practical clinical problems it doesn't matter if the answer is wrong."

Surgical Clinicopathological Conferences of the Massachusetts General Hospital is a companion volume to a similar one on selected medical cases published in 1960. The editors have selected 50 surgical cases discussed during the past 25 years, mostly within 10 years. In some instances they have, retrospectively, added followup history and further comment in the light of subsequent advances in knowledge of the disease under discussion. Most of the material, of course, first appeared in the New England Journal of Medicine.

This volume makes for good evening reading—as pleasurable to the physician as a book of good detective short stories. The reader's wits are sharpened. He can go through each story at his own pace. He can find it most satisfactory to identify with the discussor who is correct—or have solace in identifying with the high quality of the analyst whose reasoning proves incorrect—or even marvel at the astuteness of the man who correctly shoots down an almost impossible diagnosis. It is recommended reading for all.

EDGAR WAYBURN, M.D.

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MANUAL OF MEDICAL THERAPEUTICS—Seventeenth edition—Department of Medicine, Washington University School of Medicine, St. Louis, Mo. Current Editors: Robert C. Packman, M.D., and Robert D. Utiger, M.D. Little, Brown and Company, Boston, 1964. 272 pages, \$4.50 (paperback).

This typical "medical pocket book" designed for use by senior medical students in a course in medical therapy is naturally also used by house officers. Being edited by successive generations of medical residents it has the advantage of scrutiny by men who presumably have worn out the previous edition in their own pockets. This can also be a disadvantage, however, since it is very difficult to make sound judgments on new drugs without the benefit of considerable experience.

A section on general care of the patient covers hospital orders, fluids, diet, care of the skin and non-specific conditions such as diarrhea, fever, pain, etc. Drug groups not included in chapters on specific diseases are covered briefly here. A separate chapter is allotted to disturbances of body fluids and electrolytes, then follow 15 chapters on specific medical problems (e.g. renal disease, cirrhosis and hepatitis, arthritis) and a chapter on medical emergencies. A short appendix lists the trade and generic names of drugs whose generic names are unfamiliar.

This book is similar to others of its type in that it is a portable ready reference to common medical problems. It is fairly well organized and reasonably up to date. The type is clear and readable but the soft paper cover and spiral binding do not look as if they will wear well.

H. W. ELLIOTT, M.D.